

Acute Flaccid Myelitis (AFM)

Surveillance Guidance for County Health Departments (CHDs)

Version 5 | April 15, 2020

Surveillance and Investigation

When counties receive a report of possible AFM, we ask that you do the following:

1. Ask the provider to complete the [FL-specific patient summary form](#), and submit medical records (including neurology consult and MRI report), and MRI images (MRI images can come on a CD or flash drive). Ask the provider to mail MRI images on a CD/flash drive to the AFM Epidemiologist: Samuel Prahlow, 4052 Bald Cypress Way, Bin A-12 Tallahassee, FL 32399-1720
2. Create a case in Merlin using the Acute Flaccid Myelitis disease code (04910). Attach the MRI report, medical records, and patient summary form (select “report form” document type), then submit. The state will complete the rest of the data entry.
3. Notify your [regional epidemiologist and laboratory liaison](#) and the AFM Epidemiologist, Samuel Prahlow, of the AFM Person Under Investigation (PUI).
4. Ask that the provider work with their laboratory to submit available specimens to the Bureau of Public Health Laboratories (BPHL) along with a completed BPHL lab submission form with “AFM PUI” in the comments section. No specific test orders are necessary. Although shipping frozen specimens is ideal, refrigerated specimens are acceptable if shipped to BPHL overnight in a cooler box with frozen gel ice. www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html
5. BPHL will conduct enterovirus (including Enterovirus-D68), influenza, and respiratory virus panel PCR testing and West Nile virus IgM testing.
6. Providers should be made aware that laboratory results via BPHL or CDC are not intended for clinical diagnosis or clinical decision making and may not get reported back to Bureau of Epidemiology (BOE) or the submitting provider.
7. No interview or investigation (beyond gathering the records and requesting specimens) by CHD staff is recommended for these cases.
8. The patient information will be forwarded to CDC by the AFM Epidemiologist. CDC **requires** a patient summary form, neurology consult notes, MRI images, and MRI report to classify the PUI.
9. When received, CHD epi staff will relay CDC and BPHL lab results and CDC case classification determination to the submitting provider. Note – results and case classification may take up to several months and will most likely come in multiple emails as information is relayed to BOE from BPHL and CDC.
10. BOE will prompt CDC 60 days from reporting the PUI for AFM case classification if it has not already been provided.
11. If a PUI is classified as a case, Samuel Prahlow, AFM epidemiologist, will reach out to the provider at 60 days after onset to request complete medical records. The county in question will be notified prior to this follow-up for awareness.
12. Additional long-term follow-up with the provider will be conducted by Samuel Prahlow, AFM epidemiologist, at 60 days, 6 months, and 1 year after onset of limb weakness for every suspect, probable, and confirmed case. No action by the CHD is required, please direct any questions received to Samuel Prahlow at Samuel.Prahlow@FLHealth.gov or 850-901-6920.

The [AFM Provider Guidance](#), [FL Job Aid for Clinicians](#) and this guidance are posted on the GSI website.

Please reach out to your [regional epidemiologist and laboratory liaison](#) if you have any questions.

Instructions for Completing the AFM Patient Summary Form

Demographics

1. **TODAY'S DATE.** Date that the patient summary form is initiated.
2. **STATE ASSIGNED ID.** Alpha/numeric
3. **SEX.** Indicate whether the patient is male or female.
4. **DATE OF BIRTH.** Patient birth date.
5. **RESIDENCE.** State in which patient resides.
6. **COUNTY.** County in which patient resides.
7. **RACE.** Self-reported race of patient; more than one option may be reported.
8. **ETHNICITY.** Self-reported ethnicity of patient.
9. **DATE OF ONSET OF LIMB WEAKNESS.** Indicate the date of limb weakness onset of patient.
10. **PATIENT ADMITTED TO HOSPITAL.** Was the patient admitted to a hospital?
11. **DATE OF ADMISSION TO FIRST HOSPITAL.** Date the patient was FIRST hospitalized.
12. **DATE OF DISCHARGE FROM LAST HOSPITAL.** Date the patient was discharged from LAST hospital (if patient is still hospitalized, check box for "still hospitalized at time of form submission").
13. **PATIENT DIED FROM THIS ILLNESS.** Did the patient die from this illness?
14. **DATE OF DEATH.** If the patient died from this illness, indicate the date of death.

Signs/symptoms/condition at ANY time during the illness

15. **WEAKNESS.** Specify for each limb (arms and/or legs) if there was noted acute onset of weakness.
 - 15a. **TONE IN AFFECTED LIMB.** Specify for each limb (arms and/or legs) the tone in the limb with weakness (select one option per limb) – *this question is used as a screening tool for the classification process so please ensure this question is complete*
16. **PATIENT ADMITTED TO ICU.** Was the patient admitted to the ICU?
17. **DATE ADMITTED TO ICU.** If the patient was admitted to ICU, indicate date of admission.

Signs/symptoms/condition in the 4-weeks BEFORE onset illness

18. **PATIENT HAS RESPIRATORY ILLNESS.** Did the patient have a respiratory illness within the 4-week period before onset of limb weakness?
19. **RESPIRATORY ILLNESS ONSET DATE.** If the patient has respiratory illness, indicate onset date.
20. **PATIENT HAS GASTROINTESTINAL ILLNESS.** Did the patient have a gastrointestinal illness (e.g., diarrhea or vomiting) within the 4-week period before onset of limb weakness?
21. **GASTROINTESTINAL ILLNESS ONSET DATE.** If the patient has gastrointestinal illness, indicate onset date.

22. **PATIENT HAS FEVER.** Did the patient have a fever ($\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$), measured by parent or provider, within the 4-week period before onset of limb weakness?
23. **FEVER ONSET DATE.** If the patient has fever, indicate onset date.
24. **FOREIGN TRAVEL.** Has the patient traveled outside of the US within the 4-week period before onset of limb weakness?
25. **IF YES, LIST COUNTRY.** List patient's locations of travel.
26. **PATIENT HAS PAIN IN NECK OR BACK.** Did the patient have pain in their neck or back within the 4-week period before onset of limb weakness?
27. **PAIN ONSET DATE.** If the patient has pain in neck or back, indicate onset date.
28. **PATIENT HAS UNDERLYING ILLNESSES.** Does the patient have any underlying illnesses other than the presenting illness?
29. **IF YES, LIST.** List the patient's underlying illness(es).

Magnetic Resonance Imaging (MRI)

30. **MRI OF SPINAL CORD PERFORMED.** Indicate whether the patient had an MRI of the spinal cord performed.
31. **DATE SPINAL MRI PERFORMED.** If a spinal MRI was performed, indicate date of the spinal cord MRI.
32. **SPINAL MRI SHOWS LESION IN AT LEAST SOME SPINAL CORD GRAY MATTER.** Indicate whether the patient's spinal MRI shows lesions in at least some of the spinal cord gray matter (*this is used as a screening tool for the classification process so please ensure this question is complete*)
33. **MRI OF BRAIN PERFORMED.** Indicate whether the patient had an MRI of the brain performed.
34. **DATE BRAIN MRI PERFORMED.** If a brain MRI was performed, indicate date of the brain MRI.

CSF examination

35. **LUMBAR PUNCTURE PERFORMED.** Indicate if there was a CSF examination done (option for including up to two exams. If more than 2 CSF examinations performed, list the first 2 performed).

32a/32b. CSF from LP1/LP2.

- **Date of lumbar puncture:** Indicate the date of the first/second lumbar puncture performed.
- **WBC/mm³:** Indicate the white blood cell count for the first/second lumbar puncture.
- **% neutrophils:** Indicate the % neutrophils for the first/second lumbar puncture.
- **% lymphocytes:** Indicate the % lymphocytes for the first/second lumbar puncture.
- **% monocytes:** Indicate the % monocytes for the first/second lumbar puncture.
- **% eosinophils:** Indicate the % eosinophils for the first/second lumbar puncture.
- **RBC/mm³:** Indicate the red blood cell count for the first/second lumbar puncture.
- **Glucose mg/dl:** Indicate the glucose level for the first/second lumbar puncture.
- **Protein mg/dl:** Indicate the protein level for the first/second lumbar puncture.